

Exhibit 1

Stephen Burgher, MD, FACEP

Emergency Medicine



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January 5, 2020

Tim Ryan, JD

Schell-Cooley-Ryan-Campbell LLP

5057 Keller Springs Rd

Suite 425

Addison, Texas 75001

Re: Meier, et al v. UHS of Delaware, Inc., et al.

I have been asked to provide expert medical opinion regarding the emergency medical approach to patients presenting in crisis with indications of suicidal and/or homicidal ideation or acute psychosis, and specifically the care provided by the defendants in Meier, et al v. UHS of Delaware, Inc., et al. I have reviewed the Plaintiffs' Third Amended Original Complaint, each of the medical records that are available to date, and the expert medical report provided by Dr. Mark Blotcky. While it is not in my area of expertise to provide medical opinion regarding the allegations presented in the Plaintiffs' Third Amended Original Complaint in regards to care at the psychiatric facilities, it is in my area of expertise to provide opinion regarding the care provided in emergency departments and in those circumstances in which there is general concern that an individual is a threat to self or others. These are my opinions based on the materials provided to date. I'm advised that discovery is ongoing and additional documents are being gathered related to Plaintiffs' other medical providers. I reserve the right to supplement or amend my opinions based on further information. I have not testified as an expert at trial or by deposition in the past 4 years. The compensation for my time in reviewing the materials provided is billed at my standard rate of \$350 per hour, and \$500 per hour with a minimum of 4 hours to appear for deposition or in court.

I am an emergency medicine physician. I have been a licensed physician in the state of Texas since 1991 and have practiced emergency medicine since 1992. I completed emergency medicine residency training in 1998, and I am board certified by the American Board of Emergency Medicine. I have practiced emergency medicine in a variety of settings: academic, trauma center, military, rural, pre-hospital, suburban, and Veterans Affairs. I worked full-time in emergency medicine for 15 years from 2002 to 2017 at Baylor University Medical Center (BUMC), an urban tertiary care level I trauma center in downtown Dallas. Currently I am Chief of the Emergency Medicine Service at the Dallas VA Medical Center since 2017, and I continue to work part-time in emergency medicine at BUMC and BSW McKinney. I am a Clinical Faculty Associate with the University of Texas Southwestern in my service at the Dallas VA, and Clinical Assistant Professor with the Texas A&M Health Science Center College of Medicine in my practice at BUMC. I draw from this breadth of training and experience in providing my expert thoughts, insights and opinions here. In all of these settings I regularly evaluate, treat and disposition patients with mental health concerns that include suicidal and/or homicidal ideations and acute psychoses.



The emergency medical approach to patients with concerns for suicidal and/or homicidal ideations and acute psychoses is similar regardless of the setting. The most important determination in this context is whether there is reasonable concern that the patient is at risk to harm self or others. This can be a difficult determination on initial evaluation. One cannot rely solely on what the patient reports. Despite significant advances in medical science, no objective diagnostic tool to assess suicide is available; this critical determination must be based on history from the patient and knowledgeable others, examination of the patient, and on the spot clinical judgment balancing apparent risk versus the patient's immediate interests. It is better to err on the side of preservation of life, even if this results in temporary deprivation of liberty.

If there is reasonable concern for harm to self or others, the patient is placed in a one-to-one observation status, personal effects and clothing are removed and replaced with paper garments, and the patient is placed in an evaluation and treatment room that has been sanitized of anchor points and suicide hazards to the maximum extent possible. The patient is then evaluated for medical conditions that might be causal to, contributing to, or exacerbated by the behavioral presentation. Once the patient has been determined to be medically stable, a behavioral health assessment is arranged to determine if the patient needs further inpatient evaluation, treatment and stabilization. Most acute care hospitals typically do not provide inpatient psychiatric treatment. Due to limited mental health resources, and in particular psychiatrists, a non-psychiatrist licensed mental health provider, either in person or via telemedicine, typically provides the behavioral health assessment. In addition, this person facilitates the transfer of patients who require further evaluation and treatment to psychiatric facilities. If the patient is willing to be evaluated and treated voluntarily, this is preferred. However, if the patient is at risk of eloping or leaving against medical advice or is not willing voluntarily, an Order of Protective Custody (OPC) may be necessary. In this circumstance the patient may be involuntarily committed for up to 72 hours pending court order and determination if further evaluation and treatment is indicated.

I have reviewed the plaintiffs' emergency medical records available to me to date, specifically Madison Hough, Yolanda McPherson, and Troy Harvey. In each case there was concern by the emergency medical providers that the individuals were at imminent risk of suicide or harm to self. These concerns were based on statements made by the individuals to health care providers or to third parties, or were based on actions taken (e.g. overdose) that indicated suicidal ideation. I believe the emergency personnel acted in the best interest of each patient by considering such risks and implemented measures to protect them from harm to self. They acted as an ordinarily prudent emergency physician would have acted based on the information before them at the time in determining that these patients warranted further psychiatric assessment and ultimately inpatient treatment.

Sincerely,

S. W. BURGHER

Curriculum Vitae
of
Stephen Woods Burgher, Sr, MD, FACEP

PERSONAL INFORMATION

Fellow of the American College of Emergency Physicians
Diplomate of the American Board of Emergency Medicine
Date of Birth: 25 October 1962
Place of Birth: Dallas, Texas
Address: 3700 University Blvd
Dallas, Texas 75205
Phone: Office: (214) 857-1384
Personal Cellular: (214) 384-6951
Email: Office: stephen.burgher@va.gov (work)
Personal: stephen.burgher@icloud.com (personal)
Married, 3 children

CURRENT EMPLOYMENT

Chief, Emergency Medicine Service
VA Medical Center, Dallas, Texas (July 2017 – present), greater than 40,000 annual ED visits
Clinical Faculty Associate, The University of Texas Southwestern

Baylor University Medical Center (BUMC), Department of Emergency Medicine, Dallas, TX
Level I Trauma Center, greater than 110,000 annual ED visits (Jan 2002 to July 2017, part-time presently)
Clinical Assistant Professor, Texas A&M Health Science Center College of Medicine
Associate Medical Director, Department of Emergency Medicine (2002 to 2009)
Medical Director, Emergency Preparedness and Management (2003-2010)
Chairman, Emergency Preparedness Steering Committees, BUMC and BHCS, (2003-2010)
Baylor Scott & White McKinney, Department of Emergency Medicine (Jun 2017-present)

United States Navy Reserves (Nov 2010 to Dec 2019; prior Navy active duty May 1990 – Sep 2000)
Captain (O-6), Medical Corps (Fleet Marine Force Warfare Officer / Flight Surgeon)
Emergency Physician Shock Trauma Platoon platform, 4th Medical Battalion H&S Company, 4th
Marine Logistics Group (Dec 2014 – Dec 2019)
Navy Flight Surgeon
Battalion Surgeon, 2nd Battalion, 14th Marine Regiment, 4th Marine Division (Dec 2010-2014)

Homeland Security and Emergency Management Consultant, Global 7 & Environmental, Health, & Safety,
Homeland Security emergency preparedness training and exercises for active shooter events and hospital
preparedness (2016 to 2018)

RECENT PROFESSIONAL EXPERIENCES

Task Force Surgeon, Special Purpose Marine Air Ground Task Force – Crisis Response – Central
Command, a Navy mobilization and deployment in support of the Marine Corps, Jul 2015 to May 2016.
Advisor to the Commanding Officer and senior medical officer supervising 95 medical personnel
and providing medical care to over 2,300 Marines and Sailors in Kuwait, Iraq, Bahrain and Jordan

Department Head, Trauma / Emergency Medicine Department and Trauma Team Leader, NATO Role 3
Multinational Medical Unit (MMU), Kandahar Air Field, Afghanistan; a Navy mobilization and
deployment in support of Operation Enduring Freedom (OEF), July 2013 to May 2014.

NFL Field Emergency Physician, Cowboy Stadium, Dallas, TX (2009 to 2013)

Part-time:

Baylor Regional Medical Center Grapevine, Department of Emergency Medicine (Dec 2007 to present)

Baylor Medical Center Waxahachie, Department of Emergency Medicine (Sep 2007 to present)

Baylor Scott & White Hillcrest Memorial Hospital, Waco, TX, Department of Emergency Medicine (Mar 2015 to present)

PAST PROFESSIONAL EXPERIENCES

John Peter Smith Hospital, Emergency Medicine Department, Fort Worth, TX; Level II Trauma Center, part-time (Aug 2002 to Jan 2004, Aug 2010 to 2013)

Good Shepherd Medical Center, Emergency Medicine Department, Longview, TX; greater than 70,000 annual ED visits (Aug 2005 to May 2007)

Memorial-Hermann The Woodlands Hospital, Emergency Medicine Department, The Woodlands, TX; greater than 30,000 annual Emergency Department (ED) visits (Sep 2000 to Jul 2002)

Memorial Hermann Southwest Hospital, Emergency Medicine Department, Houston, TX; greater than 62,000 annual ED visits (Sep 2000 to Jul 2002)

Naval Medical Center Portsmouth (NMCP), Emergency Medicine Department, Portsmouth, VA; greater than 75,000 annual ED visits (Jul 1998 to Sep 2000)

- Attending physician, NMCP Emergency Medicine (EM) residency program, supervising EM and rotating residents, interns and medical students in the ED

- Operational Medical Director (OMD) for Tidewater Navy Emergency Medical Services (EMS)

- Provided medical direction for largest military EMS system

- Coordinated EMS rotation for EM residency program

- Coordinated Base-station course for EM residency program

- Physician Course Coordinator for NMCP Paramedic program

- Coordinator, NMCP Chemical, Biological, Radiological, and Environmental (CBRE) Disaster Preparedness

- Tactical EMS and operational medical support, Casualty Care Research Center, Bethesda, MD

- Provide tactical and operational medical support to federal law enforcement agencies

- 2nd Force Service Support Group (2nd FSSG), U.S. Marine Corps, Camp Lejeune, NC

Riverside Regional Medical Center, Emergency Medicine Department (Level II Trauma Center), Newport News, VA; greater than 57,000 annual ED visits (Feb 1999 to Aug 2000)

U. S. Naval Flight Surgeon, Training Air Wing Four and Naval Hospital, NAS Corpus Christi, TX (Feb 1992 to Jun 1995)

Riverside Hospital Emergency Room, Corpus Christi, TX (Apr 1992 to May 1995)

POST-GRADUATE MEDICAL EDUCATION

Emergency Medicine residency (PGY-2 to 4), Naval Medical Center Portsmouth (Jul 1995 to Jun 1998); Chief Resident

Internship (PGY-1), Family Practice, Naval Hospital Charleston, SC (Jun 1990 to Jun 1991)

MEDICAL EDUCATION

The University of Texas Medical School at Houston, M. D. (May 1990)

UNDERGRADUATE EDUCATION

Southern Methodist University, B. A. Biology, Magna Cum Laude (Dec 1985)

MILITARY TRAINING

Captain (O-6), United States Navy Reserves, November 29, 2010 to present

Fleet Marine Force Warfare Officer, Flight Surgeon

Field Medical Support Officer training, April 2012

Fleet Marine Force Warfare Officer (FMFWO), August 2013

Annual Training, Battalion Surgeon, 2nd Battalion, 14th Marine Regiment:

Fort Bliss, El Paso, TX, June 2011

Fort Sill, Lawton, OK, June 2012

Exercise African Lion, Morocco, April 2013

Mobilization in support of OEF, July 12, 2013 to May 18, 2014

Naval Expeditionary Medical Training Institute, July 2013

Naval Individual Augmentation Combat Training, July 29, 2013 to August 16, 2013

NATO Role 3 MMU, Department Head, Trauma / Emergency Medicine Department,
August 19, 2013 to March 1, 2014

Mobilization in support of OIR, July 24, 2015 to May 20, 2016

Task Force Surgeon, Special Purpose Marine Air Ground Task Force – Crisis Response –

Central Command 16.1, July 24, 2015 to May 20, 2016

United States Navy active duty, May 29, 1990 to Sep 30, 2000

Second Force Service Support Group (2nd FSSG), Camp Lejeune, NC (Jul 1998 to Sep 2000)

Chemical, Biological, Radiological, Nuclear and Environmental Casualty Care Provider Course, Naval Environmental Health Center (three-day course for medical providers), (Jul 1999)

Emergency Medical Services in law Enforcement (one-month training program), Casualty Care Research Center (CCRC), Bethesda, MD (Jul 1998)

Counter Narcotics Tactical Operations Medical Support (CONTOMS) Course (one week), Emergency Medical Technician – Tactical (Apr 1998)

Navy Intermediate Officer Leadership Course (2 weeks), Virginia Beach, VA (Dec 1998)

Naval Flight Surgery Training, Naval Aerospace and Operational Medical Institute, Pensacola, FL (Aug 1991 to Feb 1992)

Armed Forces Combat Casualty Care Course (one week), San Antonio, TX (Aug 1990)

HONORS / AWARDS

Medical: Tidewater Emergency Medical Services Council Outstanding Achievement in Emergency Medical Services Frank M. Yeiser, Jr, Operational Medical Director 2000

Outstanding Teacher Recognition for Emergency Medicine ('98 and '99)

Council of Emergency Medicine Residency Directors (CORD) 1998 Resident Academic Achievement Award

Chief Resident, NMCP Emergency Medicine Residency Program, '97-98

Honor Graduate, NMCP Emergency Medicine Residency Program 1998

Research Award, NMCP Emergency Medicine Residency Program 1998

Golden Research Award, NMCP Emergency Medicine Department 1998

Third place, Joint Services Abstract Competition, the Joint Services Symposium on Emergency Medicine (Government Services ACEP), San Antonio, TX, Mar 1998

First place, Society for Academic Emergency Medicine (SAEM) residency logo competition, Washington, D. C., 20 May 97 (*AEM* May 1998; volume 5, number 5: page 555).

Merck Manual Award for Superior Academic Achievement, University of Texas Medical School Houston, TX, May 1990

Military:

Navy and Marine Corps Meritorious Service Medal (1), Navy and Marine Corps Commendation Medal (4), Navy and Marine Corps Achievement Medal (1)

Fleet Marine Force Warfare Office, Aug 2013

Marine Corps Martial Arts Program (MCMAP) 1st Degree Black Belt, Apr 2016

Chief, Naval Air Training, Flight Surgeon of the Year, May 1994

Armed Forces Health Professions Scholarship (Navy)

Undergraduate: Phi Beta Kappa honor society, Southern Methodist University, Dallas, TX, 1985

Other: Eagle Scout, Troop 82, Dallas, TX, 1980

COMMITTEE APPOINTMENTS

Baylor University Medical Center

Assistant Medical Director, BUMC Department of Emergency Medicine, Aug 2002 to Aug 2008

Medical Director, Emergency Preparedness and Management, BHCS, until Jan 2010

Chairman, Disaster Preparedness Steering Committee, BHCS, until Jan 2010

Chairman, Disaster Preparedness Steering Committee, BUMC, until Jan 2010

Ethics Committee, member

ACEP Disaster Section, member

Memorial Hermann Healthcare System

Emergency Center Preparedness Committee, sub-group of the Emergency Center Council

Participated in hospital preparedness initiatives and purchasing decontamination equipment and supplies

Coordinated and conducted hospital provider train-the-trainer program,

Domestic Preparedness for Weapons of Mass Destruction
Emergency Preparedness Committee, Memorial Hermann The Woodlands Hospital
Developed Emergency Preparedness Medical Annex for Chemical, Biological,
Radiological and Environmental incidents
Participated in revision of Emergency Preparedness plan

Naval Medical Center Portsmouth

Disaster Medicine:

Coordinator, Chemical, Biological, Radiological, Nuclear and Environmental (CBRNE)
Disaster Sub-Committee, NMCP (06-99 to 08-00)
Developed NMCP Medical Annex for CBRE Incidents
Coordinated and supervised more than 8 Radiation Contamination Drills
Coordinated and supervised 2 mass casualty incidents (MCI) drills involving
multiple contaminated casualties of a simulated chemical terrorist incident

Disaster Preparedness Committee, NMCP (12-98 to 08-00)
Revised NMCP Mass Casualty Response plan
Coordinated and supervised 3 MCI drills

Hampton Roads Planning District Metropolitan Medical Response System (HRPD-
MMRS) Technical Action Steering Committee (08-99 to 08-00)

HRPD-MMRS Health and Medical Sub-Committee (12-99 to 08-00)

Chair, HRPD-MMRS Healthcare and Pharmaceuticals Sub-Area (01-00 to 08-00)
Developed Template Medical Annex to CBRE Incidents for all regional
hospitals and coordinated with regional medical planning

Emergency Medical Services (EMS):

Tidewater EMS Regional Council Board of Directors (01-99 to 08-00)

Tidewater EMS Regional Council OMD Committee (08-98 to 08-00)

Portsmouth EMS Advisory Commission (07-99 to 08-00)

Chair, Tidewater Navy EMS Committee (08-98 to 08-00)

Other:

Vice Chair, NMCP Institutional Animal Care and Use Committee (08-98 to 03-00)

LICENSURE

Texas State medical license H9828, expires May 31, 2018
Commonwealth of Virginia medical license 0101058806 (inactive)

CERTIFICATIONS

Fellow of the American College of Emergency Physicians (FACEP), Oct 17, 2001
American Board of Emergency Medicine (ABEM) Certification (# 980420), Nov 1999, recertified Oct 2009 and 2019,
expires December 31, 2029
FLEX (Dec 1990)
Advanced Cardiac Life Support (ACLS)—Provider

Pediatric Advanced Life Support (PALS)—Provider
Advanced Trauma Life Support (ATLS)—Provider
Basic Disaster Life Support (BDLS)—Provider
National Disaster Life Support – Decontamination (NDLS-Decon)—Provider
Basic Life Support (BLS)—Provider

PROFESSIONAL ORGANIZATIONS

American College of Emergency Physicians
Texas College of Emergency Physicians
Government Services
Christian Medical-Dental Association

RESEARCH / PUBLICATIONS

1. Burgher SW, Tandy TK, Dawdy MR: Transvaginal ultrasonography by Emergency Physicians Decreases Patient Time in the Emergency Department. *Academic Emergency Medicine*, August 1998; volume 5, number 8: pgs 802-807.

Abstract presented:

The 12th Annual Local Navy Research Competition, NMCP, 03-97 (Poster);
The Joint Services Symposium on Emergency Medicine (Government Services ACEP), San Antonio, TX, 03-97 (Poster);
The Society for Academic Emergency Medicine (SAEM) Annual Meeting, Washington DC, 05-97 (Poster).

Abstract published:

Academic Emergency Medicine, May 1997; volume 4, number 5: page 393;
Annals of Emergency Medicine, June 1997; volume 29, number 6: page 839.

2. Burgher SW, McGuirk TD: Subcutaneous Buffered Lidocaine for Intravenous Cannulation: Is There a Role in Emergency Medicine? *Academic Emergency Medicine*, November 1998; volume 5, number 11: pgs 1057-1063.

Abstract presented:

The 1st Annual Southeastern Regional SAEM Meeting, Atlanta, GA, 03-98 (Oral);
The Joint Services Symposium on Emergency Medicine (Government Services ACEP), San Antonio, TX, 03-98 (Oral and Poster);
The 13th Annual Local Navy Research Competition, NMCP, 03-98 (Oral);
The Mid Atlantic Region SAEM Research Forum, Charlottesville, VA, 04-98 (Poster);
The SAEM Annual Meeting, Chicago, IL, 05-98 (Poster)

Abstract published:

Academic Emergency Medicine, May 1998; volume 5, number 5: page 534;
Annals of Emergency Medicine, August 1998; volume 32, number 2: page 286.

3. Burgher SW: Renal Colic. Government Services chapter of ACEP *EPIC* CME article, Summer 1998.
4. Burgher SW: Acute Scrotal Pain. *Emergency Medicine Clinics of North America*, Nov 1998; 16 (4): 781-809.
5. Acknowledgment for participation, REACTT study group: Evaluation of a Bedside Whole-blood Rapid Troponin T Assay in the Emergency Department. *Academic Emergency Medicine* 1997; 4 (11): 1018-1024.
6. Noltkamper DF, Burgher SW. Phosgene. In Plantz SH, Adler JN, Berezin J, (eds) *Emergency Medicine Online Textbook*. Boston Medical Publishing Corporation, Boston, MA, 1999.

7. Thomas C, Burgher S, Zackowski S. Pediatric Intubation Training Using the Ferret Model.

LECTURES AND PRESENTATIONS

NMCP EM Resident conferences: *Hospital Preparedness for Weapons of Mass Destruction (WMD), Chemical Warfare Agents, Radiation Contamination, Biological Warfare Agents, Emergency Medical Services Orientation Base Physician and Medical Directorship, Emergency Medical Services Medical Direction and Control, Acute Scrotal Pain, Renal Colic, Chest Trauma, Pelvic Inflammatory Disease, Stroke, Thyrotoxicosis.*

Local / Regional / National presentations:

Combat Trauma: Lessons Learned in War

BUMC Trauma Grand Rounds (Sep 2014)
JPS Emergency Medicine residency program (Sep 2014)
EMS regional trainers
Various civic organizations (2014-2016)

Tactical / Operational Medicine

Presbyterian Hospital, PIMIT Lab, lectures and live-tissue lab (2005-2006)

Domestic Preparedness for Weapons of Mass Destruction: Hospital Preparedness, Management of Biological Casualties, Management of Chemical Casualties, Management of Nuclear Casualties, Special Considerations.

Baylor University Medical Center, Hospital Provider 4 hour disaster preparedness program, ED and BUMC staff, Dallas, TX, Sep-Oct 2004.
Memorial Hermann Healthcare System Hospital Provider train-the-trainer program, Houston, TX, 05-02-02.

Hospital Preparedness for Weapons of Mass Destruction:

Baylor University Medical Center, multiple presentations (Board of Directors, Medical Board of the Medical Staff, Medical Staff Quarterly meeting, hospital Managers and supervisors) Dallas, TX, 08-03 through 11-03
Texas Electric Utility Conference, Entergy, The Woodlands, TX, 11-29-01
Memorial Hermann Northwest Hospital Medical Staff Meeting, Houston, TX, 11-20-01
Memorial Hermann The Woodlands Hospital Medical Staff Meeting, TX, 11-13-01
Montgomery County Society of Emergency Medicine, The Woodlands, TX, 11-5-01
Kingwood Medical Center Medical Staff Meeting, Kingwood, TX, 10-30-01

Acute Scrotal Pain:

Joint Services Symposium on Emergency Medicine (Government Services ACEP), San Antonio, TX, 03-01.
Virginia ACEP 1999 Scientific Assembly at the Homestead, Hot Springs, VA, 02-99;
Emergency Medicine residency program, Eastern Virginia Medical School, 05-98;
Spring US Navy General Medical Officer (GMO) Conference, Norfolk, VA, 04-98.

Renal Colic:

Joint Services Symposium on Emergency Medicine (Government Services ACEP), San Antonio, TX, 03-01.
Virginia ACEP 1999 Scientific Assembly at the Homestead, Hot Springs, VA, 02-99.

Chest Trauma: Basic Critical Care Course for Registered Nurses, NMCP, 09-99, 03-00 and NMCP Paramedic course.

Local Anesthesia for IV Cannulation: Is There a Role in Emergency Medicine? and *Ultrasound in the ED*, Emergency Nurses' Association of Tidewater annual conference, Norfolk, VA, 04-98.

STD's in the '90's, National Physician Assistants' Conference, Corpus Christi, TX, 08-94.

Stephen Burgher, MD, FACEP

Emergency Medicine



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E-Mail: stephen.burgher@icloud.com

December 6, 2019

Tim Ryan, JD
Schell-Cooley
15455 Dallas Parkway
Suite 550
Addison, Texas 75001

Mr. Ryan:

Thank you for the opportunity to provide professional services in the form of medical counsel. My rate is \$350 per hour for services that involve discussion, review, and/or written opinion. My rate to appear for deposition or in court is \$500 per hour with a minimum of 4 hours.

Thank you very much for this consideration.

Sincerely,

S. W. BURGHER